

Concepts and Needs for mental health



This issue of *Public Health Reports* carries its first special section on mental health. This is not because the relative importance of the subject has changed radically in recent months. But there have been significant shifts in attitudes and concepts in recent years which have excited interest among public health workers. Fresh optimism, inspired in part by biochemical studies and in part by social and legislative gains, has been accompanied by realistic appraisals of the stony path still to be traveled. The tenor of imaginative appeals and panaceas for mental health is balanced by a baritone insistence upon disciplined observation and experiment. This baritone obbligato is pronounced in the following pages in a symposium on the epidemiology of mental disorder, in reports of committees summoned for the first conference organized by the Psychopharmacology Service Center of the Public Health Service, and in comments in the symposium on ataractics. A tone of economic and legislative realism for mental health prevails also in the paper by Spector.

The past century has witnessed the contributions of Kraepelin, the great nosologist of mental disorder; Freud, whose imaginative concepts helped psychiatrists to think in fresh categories; and Dix, who did so much to create a humane attitude toward mental patients of any category. The next century

may see celebrated the names of those who gain acceptance of criteria for public mental health, who succeed in identifying and describing molecular causes of mental illness, who develop reliable methods of diagnosis, prognosis, and therapy for the individual mental patient, and who pioneer social and environmental methods to improve the mental health of all.

For the present, it is evident in the remarks of Dr. Sanford and others at the National Health Forum that society is still struggling with the definition and concept of mental health, individual or public, structural or functional, psychic or somatic. At the same time, the disturbed, the depressed, the euphoric, and the suicidal patients are scarcely an academic matter in the hospital, clinic, office, factory, or home. They are looked upon today more with sympathy than with fear, awe, derision, or contempt. They are less subject to humiliation, restraint, assault, or neglect than in the past. They are instead the potential beneficiaries of a genuine desire by professional workers to relieve and heal mental distress. Unfortunately, the facts and facilities available are still far short of the need, as indicated in this section by Lemkau, Bloch, Windle, and others.

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